



***Institutional Review Board
Jordan University of Science and Technology
King Abdulla University Hospital***

Initial Application for Research Involving Human Subjects

<i>For IRB Use Only</i>	
<i>Project Number:</i>	
<i>Submission Date:</i>	

Please fill all the following boxes (if Applicable):

Project Title			
Principal Investigator/ Project Faculty Advisor Collage and Department		Email Address	
		Telephone number	
		Signature	

Co-Investigator		Email Address	
		Telephone number	
		Signature	
Co-Investigator		Email Address	
		Telephone number	
		Signature	

Student Investigator		Email Address	
		Telephone number	
		Signature	

Department/ Unit Administering the Project	
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Funding Agency(s)	
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Target Population: The study population will include (Check all that apply):

- | | | |
|--|------------------------------------|---|
| <input type="checkbox"/> pregnant women | <input type="checkbox"/> neonates | <input type="checkbox"/> individuals with mental disabilities |
| <input type="checkbox"/> minors/children | <input type="checkbox"/> prisoners | <input type="checkbox"/> individuals with physical disabilities |
| <input type="checkbox"/> human fetuses | <input type="checkbox"/> students | |

In order for your study submission to be accurate, the check list below will help you complete all your submission documents required:

	<i>Documents Required</i>	<i>Yes</i>	<i>No</i>	<i>Not Applicable</i>
1.	Is the protocol included?			
2.	Is there a signed Copy of the protocol signature page?			
3.	Is there any Protocol Amendments?			
4.	Is there a Signed Copy of the Protocol Amendment Signature Page?			
5.	Is there a Copy of the Case Report Form (CRF)?			
6.	Is Investigator's Brochure (IB) included?			
7.	Is the Informed Consent Form (ICF) included in Arabic and English?			
8.	If there is any Consent Form Updates, are they included?			
9.	Is the Copy of the Certificate of Insurance included?			
10.	Are All the CV's of the Team of the Study included?			
11.	Are all the Subject Recruitment Procedures (e.g. advertisements) included?			
12.	Is the Informational Material to be Provided to Subjects included?			
13.	Are All the Patient Assessments (e.g. Questionnaire) Included?			
14.	Any other documents that the IRB may need to fulfill its responsibilities			
15.	Did you Get the NIH Certificate? If no Please <u>click here</u> to get it			

Date Signature of Principal Investigator [REQUIRED]

Date Signature of Co-Principal Investigator

Date Signature of Student Investigator

Date Signature of IRB Chair [REQUIRED]

Print Name _____ Title _____
(Please print name of IRB Chair)

This form & all the attached required documents should be submitted to the:

*IRB office
Seventh Floor, wing D
King Abdulla University Hospital*